

# St. Mary of Mount Carmel Parish Confirmation Candidate Information Form

Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Full **Maiden** Name: \_\_\_\_\_

Candidate's Date of Baptism: \_\_\_\_\_

Place of Baptism (name of church) \_\_\_\_\_

Address of Church of Baptism: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Candidate's Confirmation (Saint) name: \_\_\_\_\_

Candidate's Sponsor's name \_\_\_\_\_

Name of Sponsor's parish: \_\_\_\_\_

City & State Sponsor's Parish: \_\_\_\_\_

**Please Return By: October 25, 2017**

## *Office Use Only*

*Sponsor's Eligibility Form  
Submitted and Approved*

